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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known	
		Application Number	10/595,790-Conf. #6742
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	May 11, 2006
TOTAL AMOUNT OF PAYMENT		First Named Inventor	Tushar A. Kshirsagar
		Examiner Name	Rita J. Desai
(\$)		Art Unit	1625
810.00		Attorney Docket No.	C1271.70032US01

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 23/2825
Deposit Account Name: Wolf, Greenfield & Sacks, P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Filing Fees	Small Entity	Search Fees	Small Entity	Examination Fees	Small Entity	Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
Total Claims							Fee Paid (\$)
- or HP = _____ x _____ = _____							Multiple Dependent Claims
HP = highest number of total claims paid for, if greater than 20.							Fee (\$)
Indep. Claims							Fee Paid (\$)
- or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____				
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE)							810.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	46,533
Name (Print/Type)	C. Hunter Baker, M.D., Ph.D.	Telephone	617.646.8000
		Date	August 10, 2010

Certificate of Mailing under 37 CFR § 1.8(a)	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: August 10, 2010	Signature: